

PART B - FEE(S) TRANSMITTAL

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7590

09/20/2005

Siemens Corporation
 Intellectual Property Department
 170 Wood Avenue South
 Iselin, NJ 08830

12/02/2005 CNGUYEN1 00000046 192179 10811257

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA

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Barbara Quinn	(Depositor's name)
<i>Barbara Quinn</i>	(Signature)
December 2, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/811,257	03/26/2004	Sanford B. Proveaux	2004E03899US	1650

TITLE OF INVENTION: COMPRESSOR DIAPHRAGM WITH AXIAL PRELOAD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/20/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, NINH H	3745	415-001000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Siemens Westinghouse Power Corporation, Orlando, Florida (USA)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2179 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date December 2, 2005

Typed or printed name Erik C. Swanson

Registration No. 40,194

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TO: Mail Stop Issue Fee
Commissioner for Patents
Washington, DC 20231

FROM: Barbara Quinn, IP Specialist
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Fax No.: 571-273-2885

Fax No.: 407-736-6440
Phone: 407-736-3399

DATE: December 2, 2005

Number of Pages including cover page: 3

Re: 10/811,257 filing date: 03/26/2004
Attorney Docket No.: 2004P03899US
Issue Fee Date Due: 12/20/2005
Paper Dated: 12/02/2005
The required fees have been authorized to be charged to Deposit Account 19-2179.

Certification of Transmisslon under 37 CFR 1.8

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Facsimile Cover Sheet (1 pg.)
PTOL-85 PART B-FEE(S) TRANSMITTAL (2 pgs., original + 1 copy)


Barbara Quinn

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